



## NOTICE OF PROPOSED RULE ADOPTION

### STATE OF MISSISSIPPI OFFICE OF THE ATTORNEY GENERAL Crime Victims Compensation Division

MISSISSIPPI  
SECRETARY OF STATE  
Office of the Attorney General  
c/o Director of Division of Victim Compensation  
P.O. Box 220  
Jackson, MS 39205  
(601)-359-5950  
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Specific Legal Authority authorizing the promulgation of Rule:

Miss. Code Ann. §§ 99-47-1; 99-41-1

Reference to Rules repealed, amended or suspended by the Proposed Rule: N/A

#### Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:

To comply with statutory changes made in the 2008 Legislation creating the Address Confidentiality Program, to expand the "criminal proceeding" definition, to clarify twelve (12) month extended time period for application submission, to add new loss of tuition loss benefit, to allow compensable benefits previously paid by grant source, to increase mileage cost reimbursement, to add language indicating victim's/claimant's responsibility of notifying this office of any changes to address or telephone numbers, to clarify diminished compensation by amount of collateral source, to clarify ineligible medical transportation, to increase verification for loss of wage benefits for self-employed victim/claimant, to clarify domestic violence temporary housing and relocation assistance benefits to include revisions of required documents, eligible expenses and other limitations, to include addition of contested hearing by telephone at discretion of hearing officer, to add appeal process for sexual assault exam payment denials, to include additional procedural and diagnostic codes for sexual assault exam billing, to clarify STD medication, to allow waiver of 90-day sexual assault exam payment request submission timeline, and to increase sexual assault payment limitations.

This rule is proposed as a ☒ Final Rule, and/or a ☐ Temporary Rule (Check one or both boxers as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding: Check one box below:

☐ An oral proceeding is scheduled on this rule on Date: Time:  
Place:

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least \_\_\_\_ day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

☒ An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Economic Impact Statement: Check one box below:

☒ The agency has determined that an economic impact statement is not required for this rule, or

☐ The concise summary of the economic impact statement required is attached.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Date Rule Proposed: 4/15/09

Proposed Effective Date of Rule: 7/10/09

*Shirley B. Marshall, Assistant Attorney General*  
Signature and Title of Person Submitting Rule for Filing